

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 12 1941

Registration District No. 450

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5574

State File No. 35294

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rural (Valle)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Route 1, DeSoto  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not in Hospital  
In this community 90 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1, DeSoto  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Josephine Armstrong

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife James Armstrong 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased JULY 12, 1846 (Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Jefferson Co., Mo. (City, town, or country) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Joseph McNulty  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Barbee  
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant E. Post  
(b) Address Jackson Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (City)  
18. (a) Signature of funeral director Lee Mothershead  
(b) Address DeSoto, Mo.  
19. (a) 10-15-41 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1941 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from June Oct 10th 1936 to Oct 13 1941  
that I last saw her alive on Oct 12 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage and Paralysis Duration 24 hrs.  
Due to Arteriosclerosis.

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 83a  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury  
While at work? 23. Signature F. A. Elders (M. D. or other)  
Address De Soto Mo Date signed 10/14/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed *J. E. McKeusheo* Registered Apprentice No. ....

Licensed Embalmer No. *3521*

P. O. Address *Latona*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**